Effective October 1, 2003 10/706866													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			27				[RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			22minus 20=		• 2		,	X\$ 9=		OR	X\$18=	94	
INDEPENDENT CLAIMS			√ minus 3 =		• 2		:	X43=		OR	X86=	172	
ML	ILTIPLE DEPEN	RESENT	ESENT				145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0"						olumn 2	<u> </u>	OTAL		OR	TOTAL	978	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						. s	MALL I	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	"2	2	=	×	(\$ 9=	_	OR	X\$18=	_	
AME	Independent	<u> </u>	Minus	***	5	=	>	(43=	•	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' -	145=		OR	+290=	 .	
1-11-12-41. 14.								TOTAL. IT. FEE	_	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	del	•	=] ×	\$ 9=		OR	X\$18=		
	Independent	* ·	Minus	***	CLAIM	<u> -</u>	X	43=		OR	X86=		
	PINST PHESE	NTATION OF ML	ILI IPLE DEF	ENDENT	CLAIM	<u> </u>	1	145=		OR	+290 <u>=</u>		
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)				;			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$,18=		
	Independent	*	Minus	***		-	×	43=		OR	X86=		
لــــ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=	.		+290=		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL		
If the entry in column 1 is less than the entry in column 2, write '0' in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	rne "Highest Num	mer Previously Paid	1 FOT (1012) OF	inaebenae	ny is me	mgnesi numbe	: 1 /U (1 0	ine app	Opridice DOX	in COI			

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number